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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 PM 3:29

DOCUMENT # N23804 (0)

1. Corporation Name

SUNCOAST COMMUNITY SUPPORT AUXILLIARY INC.

Principal Place of Business	Mailing Address
~~% THOMAS E. SENTER~~ 13203 106TH AVE N POB 517 BAY PINES FL 33504	~~% THOMAS E. SENTER~~ 13203 106TH AVE N POB 517 BAY PINES FL 33504

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1987
3a. Date of Last Report: 03/30/1994
4. FEI Number: 59-2872510 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BANKS, MEL
13203 106TH AVE N
LARGO FL 34644

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 3/16/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	13.1 TITLE	☐ Change ☐ Addition
NAME	BANKS, BONNIE	13.2 NAME	
STREET ADDRESS	13203 106 AVE. N.		
CITY-ST-ZIP	SEMINOLE FL		
TITLE	SD		☐ Change ☐ Addition
NAME	KELLY, VIRGINIA		
STREET ADDRESS	17740 WALL CIRCLE		
CITY-ST-ZIP	REDINGTON SHORES FL		
TITLE	TD		☐ Change ☐ Addition
NAME	DUGAN, IDA		
STREET ADDRESS	10707 53RD AVE. N. #4		
CITY-ST-ZIP	ST. PETERSBUR FL		
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			☐ Change ☐ Addition
NAME		13.2 NAME	
STREET ADDRESS		13.3 STREET ADDRESS	
CITY-ST-ZIP		13.4 CITY-ST-ZIP	

****

PLEASE DELETE NAME: THOMAS SENTER

SEND ALL INFORMATION C/O

BONNIE BANKS, PRESIDENT
SUNCOAST COMMUNITY SUPPORT AUXILLIARY, INC.
13203 106TH AVENUE NORTH
(POB 517 VA MEDICAAL CENTER)
LARGO, FLORIDA 34644

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: BONNIE BANKS [signature] 3/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0083148